

SERFF Tracking Number: EVST-125280736 State: Arkansas  
Filing Company: Everest National Insurance Company State Tracking Number: AR-PC-07-026007  
Company Tracking Number: AR-GL-20021144  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
Product Name: General Liability  
Project Name/Number: Risk Managed Towing and Recovery Program/CW-GL-20018803

## Filing at a Glance

Company: Everest National Insurance Company

Product Name: General Liability SERFF Tr Num: EVST-125280736 State: Arkansas  
TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: AR-PC-07-026007  
Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: AR-GL-20021144 State Status:  
Filing Type: Rate Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding  
Author: Vanessa King Disposition Date: 09/07/2007  
Date Submitted: 09/05/2007 Disposition Status: Filed  
Effective Date Requested (New): 10/01/2007 Effective Date (New):  
Effective Date Requested (Renewal): 10/01/2007 Effective Date (Renewal):

## General Information

Project Name: Risk Managed Towing and Recovery Program Status of Filing in Domicile: Pending  
Project Number: CW-GL-20018803 Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 09/07/2007  
State Status Changed: 09/05/2007 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
We wish to file a new proprietary endorsement and rating rule, applicable to the Commercial General Liability Coverage Part, to be used with our Risk Managed Towing and Recovery Program.

## Company and Contact

### Filing Contact Information

Vanessa King, Associate Manager, Filing and Regulation vanessa.king@everestre.com  
P.O. Box 830 (908) 604-3267 [Phone]  
Liberty Corner, NJ 07938-0830 (908) 604-3546[FAX]

<i>SERFF Tracking Number:</i>	<i>EVST-125280736</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Everest National Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026007</i>
<i>Company Tracking Number:</i>	<i>AR-GL-20021144</i>		
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<i>Product Name:</i>	<i>General Liability</i>		
<i>Project Name/Number:</i>	<i>Risk Managed Towing and Recovery Program/CW-GL-20018803</i>		

**Filing Company Information**

Everest National Insurance Company	CoCode: 10120	State of Domicile: Delaware
477 Martinsville Road	Group Code: 1120	Company Type:
P.O. Box 830		
Liberty Corner, NJ 07938-0830	Group Name: Everest Re Group, Ltd.	State ID Number:
(908) 604-3000 ext. [Phone]	FEIN Number: 22-2660372	
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
034971	\$100.00	08/29/2007

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Filed	Edith Roberts	09/07/2007	09/07/2007

SERFF Tracking Number:	EVST-125280736	State:	Arkansas
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## Disposition

Disposition Date: 09/07/2007

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Everest National Insurance Company	0.000%	\$0	0	\$0	0.000%	0.000%	0.000%

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Transmittal	Filed	Yes
Rate	Company Exception Pages	Filed	Yes

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## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	File and Use
<b>Rate Change Type:</b>	Neutral
<b>Overall Percentage of Last Rate Revision:</b>	0.000%
<b>Effective Date of Last Rate Revision:</b>	
<b>Filing Method of Last Filing:</b>	0

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Everest National Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

<i>SERFF Tracking Number:</i>	<i>EVST-125280736</i>	<i>State:</i>	<i>Arkansas</i>
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## Rate/Rule Schedule

<b>Review Status:</b>	<b>Exhibit Name:</b>	<b>Rule # or Page #:</b>	<b>Rate Action</b>	<b>Previous State Filing Attachments Number:</b>
Filed	Company Exception Pages	CEP-GL-AR-ENIC-13	New	CEP-GL-AR-ENIC-10012007.pdf



## COMPANY EXCEPTION PAGES

Everest National Insurance Company

Arkansas (03)

Commercial Lines Manual

Division Six – General Liability

[CEP-GL-AR-13](#)  
[\(return to index\)](#)

**Risk Managed Towing And Recovery Program**

**(10/07)**

### **A. Eligibility**

1. All towing, recovery, salvage, auto transport and similar classifications are eligible to be written as part of this program if they are submitted through a producer that meets the following criteria:
  - a. The production source uses approved risk management techniques, has financial and operational stability and a history of profitable results.
  - b. The Producer's book of business and/or individual risk(s) presented has sufficient size, stability and risk quality, particularly in this class of business.
2. Eligibility of individual risks written under this program will be determined by the Company.

### **B. The following additional form is available for use with this program:**

1. **Additional Insured – Automatic Status When Required In A Written Agreement With You – ECG 20 541** – Attach this endorsement to provide automatic additional insured status when required in a written agreement. Apply a flat charge of \$500 for this endorsement.

<i>SERFF Tracking Number:</i>	<i>EVST-125280736</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Everest National Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026007</i>
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<i>Project Name/Number:</i>	<i>Risk Managed Towing and Recovery Program/CW-GL-20018803</i>		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Transmittal	<b>Review Status:</b>	
<b>Comments:</b>		Filed	09/07/2007
<b>Attachment:</b>			
Transmittal-R.pdf			

**Property & Casualty Transmittal Document (Revised 1/1/05)**


<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>
	a. Date the filing is received:
	b. Analyst:
	c. Disposition:
	d. Date of disposition of the filing:
	e. Effective date of filing:
	f. State Filing #:
	g. SERFF Filing #:

<b>3. Group Name</b>	<b>Group NAIC #</b>
Everest Re Group, Ltd.	1120

<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>
Everest National Insurance Company	DE	10120	22-2660372

<b>5. Company Tracking Number</b>	<b>AR-GL-20021144</b>
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Vanessa King 477 Martinsville Road Liberty Corner, NJ 07938-0830	Assoc Mgr	(908) 604-3267	(908) 640-3526	vanessa.king@everestre.com
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>	Vanessa King			

**Filing information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	General Liability
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	
<b>11. State Specific Product code(s) (if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title</b> (Marketing title)	Risk Managed Towing and Recovery Program
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other
<b>14. Effective Date(s) Requested</b>	New: 10/1/2007                      Renewal:
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	
<b>19. Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>AR-GL-20021144</b>
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<b>21.</b>	<b>Filing Description</b> [This area should be similar to the body of a cover letter and is free-form text]
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We wish to file a new proprietary rating rule, applicable to the Commercial General Liability Coverage Part, to be used with our Risk Managed Towing and Recovery Program. With this filing we are introducing the following new endorsement.

We request an effective date of **October 1, 2007** or the earliest permissible date consistent with your requirements.

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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**Check #:**  
**Amount:**

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

**FORM FILING SCHEDULE**(This form must be provided **ONLY** when making a filing that includes forms)**(Do not refer to the body of the filing for the forms listing.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>				
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
06			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
07			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
08			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
09			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
10			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a form filing must include the following:

1. A completed Form Filing Schedule Document (PC FFS-1) **(Do not refer to the body of the filing for the forms listing.)** and,
2. A completed Property & Casualty Transmittal Document (PC TD-1), and
3. One copy of each form to be reviewed for the reviewer's records, and
4. One copy of any other components/exhibits submitted with the filing, and
5. The appropriate state Review Requirements, if required, and
6. The appropriate filing fees, if required, and
7. A postage-paid, self-addressed envelope large enough to accommodate the return.
8. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**RATE/RULE FILING SCHEDULE**

(This form must be provided **ONLY** when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do **not** refer to the body of the filing for the component/exhibit listing.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>		<b>AR-GL-20021144</b>	
<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)		<b>AR-GL-20021143</b>	
<input type="checkbox"/>	Rate Increase		<input type="checkbox"/>	Rate Decrease
			<input checked="" type="checkbox"/>	Rate Neutral (0%)
<b>3.</b>	<b>Overall percentage rate impact for this filing</b>		<b>NA-New Program</b>	
<b>4.</b>	<b>Effect of Rate Filing – Written premium change for this program</b>		<b>\$0</b>	
<b>5.</b>	<b>Effect of Rate Filing – Number of policyholders</b>		<b>NA</b>	
<b>6.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>		<b>File and use</b>	
<b>7.</b>	<b>Rate Change by Company</b>			
	<b>Company Name</b>	<b>Percentage Change</b>	<b>Effect of Rate Filing</b>	
			<b># of policyholders for this program</b>	<b>Written premium change for this program</b>
	<b>Everest National</b>	<b>NA-New Program</b>	<b>NA</b>	<b>NA</b>
<b>8.</b>	<b>Overall percentage of last rate revision</b>			
<b>9.</b>	<b>Effective Date of last rate revision</b>			
<b>10.</b>	<b>Filing Method of Last filing</b> (Prior Approval, File & Use, Flex Band, etc.)			
<b>11.</b>	<b>Exhibit Name/Description /Synopsis</b>	<b>Rule # or Page #</b>	<b>Replacement or Withdrawn?</b>	<b>Previous state filing number, if required by state</b>
01	Company Exception Pages	CEP-GL-AR-13	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither	
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	

To be complete, a rate/rule filing must include the following:

1. A completed Rate/Rule Filing Transmittal document (PC RRFS-1) (Do not refer to the body of the filing for the component/exhibit listing.) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1) and,
3. One copy of all rate/rule components/exhibits submitted with the filing, and
4. The appropriate state review requirements, if required, and
5. The appropriate filing fees, if required, and
6. A postage-paid, self-addressed envelope large enough to accommodate the return
7. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)